EXHIBIT A

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                    UNITED STATES DISTRICT COURT
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                    SOUTHERN DISTRICT OF NEW YORK
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     KRISTIN A. CARMODY, M.D.,
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     M.H.P.E.
                Plaintiff,
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                                          Case No:
          V.
     NEW YORK UNIVERSITY; NYU
                                         1:21-cv-08186-LGS
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     GROSSMAN SCHOOL OF MEDICINE;
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     NYU LANGONE HOSPITALS; ROBERT I.
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     GROSSMAN, M.D.; FRITZ FRANCOIS,
     M.D.; STEVEN B. ABRAMSON, M.D.;
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13
     ANDREW W. BROTMAN, M.D.; and
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     ROBERT J. FEMIA, M.D.
15
                Defendants.
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                        VIDEOTAPED DEPOSITION
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     WITNESS:
                     Robert J. Femia, M.D.
19
     DATE:
                     Tuesday, February 14, 2023
2.0
     START TIME:
                     2:00 p.m.
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     END TIME:
                    3:08 p.m.
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     REPORTED BY: Kimberly Rawls, CER-1944, Notary Public
23
                     14800
     JOB No.:
24
     Conducted by videoconference via the Remote Legal
25
     platform.
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Carmody should be fired prior to you making the decision -- you claiming to have made the decision that she should be terminated? MR. CERASIA: Objection to form. BY MR. CAVALERI: 6 O Yes or no? Can you repeat the guestion again? Dr. Femia, did Dean Grossman tell you he believed Dr. Carmody should be fired prior to you coming to the belief that she should be terminated? Dr. Grossman did not force me to do anything. 12 It's not my question, Dr. Femia. Answer my question that I asked you. 14 A I am giving you -- just because you don't like my answer you need to let me finish. 1.5 Dr. Femia, I'm asking you a yes or no 16 question. Did he tell you he believed Dr. Carmody should be terminated before you made your decision? 19 MR. CERASIA: He can answer as he deems 20 appropriate. 21 THE WITNESS: He did not tell me that she needed to be fired. He -- he told me that he felt this 22 23 was a termination-type offense, but that the decision would be mine and that I should -- he recommended that I 24



also speak with the others, which is what I did.

2.5

that she did not examine the patient, that she documented she had, and in addition, she further 2 falsified the record by adding typed words in there of Putting that all together that is how ${\tt I}$ evaluated the documentation of the entire visit, not just the attestation piece that you mentioned. MR. CAVALERI: Okay. Thank you, Dr. I'm going to share with you what's been marked as -- that will be marked Exhibit 1. It's a text 12 message conversation between Dr. Francois and Ms. Sanchez. 14 (Exhibit 1 marked for identification.) BY MR. CAVALERT: 1.5 16 Q I direct you to her -- to the message, the 17 December 5th text message at 3:45 p.m. when Ms. Sanchez says, "Rob sent me this screenshot"; do you see that? 18 Let me see. I have to scroll. Where are you 19 Α on the --20 12/5/2020 at 3:45 p.m. Okay. And where she says what? 23 "Rob sent me this screenshot." Do you see 24 that? 2.5 A Yes.

I spoke with the others about basically what had occurred, falsification of a medical record. A admission of an exam that wasn't done. I -- I weighed what everyone had felt in regards to that this had risen to the level of termination and ${\tt I}$ had to make a decision about it and that's what I did. Q The portion of the attestation that you're referencing about performing a history and physical examination, that was an automatically inserted template sentence; is that correct? MR. CERASIA: Objection. You're 12 exceeding the scope of the judge's order. 14 I'm not letting this go on very much 1.5 longer though. THE WITNESS: I was referring to the 16 17 entirety of the medical record documentation, which includes an attestation which can be modified. Dr. 18 19 Carmody did not examine the patient. She had the 20 ability to modify the attestation, which she didn't do. There's nothing in the -- in the medical record that 21 forces you to document something you did not do. 22 23 She then proceeded to type an abdominal 24 exam that she did not perform and basically admitted that she did not see a patient, that she documented, 2.5



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1	Q Okay. Did you send Nancy Sanchez a screenshot
2	of the attestation at some point on or around December
3	5th, 2020?
4	MR. CERASIA: Objection to form.
5	You can answer.
6	THE WITNESS: I don't recall, but I see
7	that I documented that I did send her a screenshot. I'm
8	not sure what that screenshot was. So I can comment,
9	I'm not sure what screenshot I sent her.
. 0	MR. CAVALERI: Okay. I'll just show you.
.1	Introduce what's going to be marked as Exhibit 2. It's
.2	a document Bates-stamped D_01266.
.3	(Exhibit 2 marked for identification.)
4	BY MR. CAVALERI:
. 5	Q Do you see that, Dr. Femia?
. 6	A Yes.
.7	Q Do you recall sending this to Ms. Sanchez on
. 8	or around December 5th of 2020?
. 9	A I don't recall.
0 2	Q Okay. Looking at this attestation, is it fair
21	to say that that first sentence where it says, "I
22	performed a history and physical examination of"
23	redacted, "and discussed her management with the
24	resident on the treatment team." That that is a
2.5	templated sentence?





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IN THE UNITED STATES DISTRICT COURT
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                   SOUTHERN DISTRICT OF NEW YORK
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     KRISTIN A. CARMODY, M.D., M.H.P.E
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               Plaintiff,
 6
          v.
                                          Case No:
 7
     NEW YORK UNIVERSITY; NYU GROSSMAN 1:21-cv-08186-LGS
     SCHOOL OF MEDICINE; NYU LANGONE
 8
 9
     HOSPITALS; ROBERT I. GROSSMAN,
     M.D.; FRITZ FRANCOIS, M.D.;
10
11
     STEVEN B. ABRAMSON, M.D.; ANDREW
12
     W. BROTMAN, M.D.; and ROBERT J.
13
     FEMIA, M.D.
14
               Defendants.
15
16
          VIDEOTAPED DEPOSITION OF ROBERT J. FEMIA, M.D.
17
     DATE:
                   Tuesday, July 19, 2022
                   10:04 a.m.
18
     TIME:
     REPORTED BY: Andrew Adams, CER-1632
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     JOB No.: 11072
                        CONFIDENTIAL
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     Conducted by videoconference via the Remote Legal
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     platform.
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CONFIDENTIAL - ATTORNEY'S EYES ONLY MR. CERASIA: Objection to form. You can answer. THE WITNESS: I mean, generally, yes. BY MR. CAVALERI: Q How many -- how many options did the attending physicians have? A Options for what? For the -- for the attestation templates. So, typically the attestation templates involve you choosing which type of person you supervise. So, if it was a PA versus a medical resident trainee. 12 So, you would pick which of those -- initially you would pick which you were referring to, care 13 delivered by a PA versus care delivered by a resident. 14 So, in that sense the attestations may have been 15 16 different, but it's not really different that you're just choosing the accurate person providing the care. 17 18 All of the templates have the ability to add 19 in text, delete text, and some to require a function key 20 to require you to add text. 21 O How did the various hospitals decide what 2.2 information to include in their attestation templates? 23 MR. CERASIA: Objection to form. You can 24 answer. 25 THE WITNESS: There was a process in



CONFIDENTIAL - ATTORNEY'S EYES ONLY to document on who you supervised, but it's structured 2 in a way that you could accurately provide how you actually cared for the patient. BY MR. CAVALERI: Q Dr. Femia, were you ever trained on how to enter information into Epic? A Yes. Did that training also include the process by which you could edit the prepopulated language from a template? 12 Q And did you receive documentation instructing you how you could edit information that was prepopulated 13 14 by a template? A I don't recall receiving documentation. 15 16 Q Did you receive or view any sort of PowerPoint presentation regarding best practices related to filling 17 18 an Epic medical record? MR. CERASIA: Objection to form. You can 19 20 answer THE WITNESS: I don't recall. 21 2.2 BY MR. CAVALERI: 23 Q Do you recall receiving any documentation or viewing any sort of presentation related to editing any 24 25 attestation template in Epic?

CONFIDENTIAL - ATTORNEY'S EYES ONLY place where, across the board, across the institutions with MCIT involvement, that attestations -- or I should say, that documentation was frequently looked at based on maybe changes or documentation requirements from CMS, changes based on recommendations from compliance or from coding or from billing. So, that process was BY MR. CAVALERI: Q And the benefit of having a template was that 10 it could be consistent across the various physicians; is 11 that correct? 12 A As I had mentioned before -- are you, well let me go back. Are you referring to an attestation 13 template or templates in general? 14 15 O The attestation template. 16 The benefit of the attestation template is that it allowed you to accurately and quickly document 17 18 the care that you provided. And to document in a way that was consistent 20 across the various providers as well, correct? 21 MR. CERASIA: Objection to form. You an 2.2 answer. 23 THE WITNESS: It was personalized by each 24 of the providers. It was consistent in that sense that 2.5 it had some very basic elemental facts that you needed



	CONFIDENTIAL - ATTORNEY'S EYES ONLY 116
1	A We would receive from MCIT educational emails
2	and examples on numerous topics. I don't recall if one
3	of those specifically was about the attestation
4	template.
5	Q Do you know whether the billing department
6	would ever approach various physician/providers that
7	edited the attestation template because it did not
8	conform to the information necessary for billing
9	purposes?
10	A You're saying whether the the billing
11	department approached physicians?
12	Could you repeat the question?
13	Q Yes, whether the billing department approached
14	physicians regarding their revisions to any attestation
15	template to ensure that they conformed with the
16	requirements for billing purposes?
17	MR. CERASIA: Objection to form. You can
18	answer.
19	THE WITNESS: The coding and
20	documentation people will make providers aware if their
21	their documentation is missing.
22	BY MR. CAVALERI:
23	Q Will they also make them aware if the
24	documentation has been revised in such a way that it
25	that it prevents them from properly billing for the care



